The I&R Support Center provides training, technical assistance, and information resources to build capacity and promote continuing development of aging and disability information and referral services nationwide.

- Technical Assistance Webinars
- Training: Online training; AIRS certification training; and Train-the-Trainer
- Distribution list for sharing information and resources (to sign up, visit http://www.nasuad.org/community-opportunities/stay-informed)
- National surveys of Aging and Disability I&R/A Networks
- National training events, including the Aging and Disability Symposium at the annual AIRS I&R Conference

http://nasuad.org/initiatives/national-information-referral-support-center
Certification Training (CIRS-A/D) and Exam Preparation
- Offered every year at one or more national conferences
  - 2017 NASUAD National Home and Community Based Services Conference
- Offered in partnership with aging/disability agencies
  - In-person for groups of 15 or larger
  - Can include exam proctoring
- Offered by webinar

CIRS-A/D Train-the-Trainer (T-t-T) Initiative
- Working to build the capacity of agencies to train their staff
- Offered at national conferences – including the 2017 HCBS Conference – and over the phone to interested parties, includes access to a training curriculum and materials

Online training through NASUADiQ
Online Training: NASUADiQ

Free, online training courses for aging and disability professionals. Courses include:

- Strengthening Cultural Competence in I&R/A Work with Asian American and Pacific Islander (AAPI) Older Adults (*new!*)
- Medicaid Managed Care 101 (*launched in 2017*)
- Medicaid 101: What You Need to Know
- Disability for I&R Specialists
- An Introduction to Elder Abuse
- Adult Protective Services
- The Role of MIPPA: Helping Older Adults and Individuals with Disabilities Afford Medicare
- Developing Cultural Competence to Serve a Diverse Aging Population
- Essential Components of the Aging I&R/A Process
- Introduction to the Independent Living Movement

NASUADiQ Online Learning Center

Designed to help strengthen participants’ knowledge of the aging and disability networks, our online courses provide overviews and analyses of systems and services that impact older adults, people with disabilities, and their caregivers.

If you experience any technical difficulties, please let us know by contacting adiaz@nasuad.org.

Instructional Guide to NASUADiQ.org Online Learning Center

Available courses

Adult Protective Services

This course provides participants with an overview of Adult Protective Services (APS) at the national and state levels. The course explains the services provided by APS and addresses differences between state programs as a result of funding discrepancies. The Elder Justice Act and its impact on APS are also detailed in the course. This training course may benefit individuals who work with older adults or vulnerable adult populations, as well as professionals in APS agencies or other state and local agencies that collaborate with APS.
Monthly Webinars for I&R/A Professionals

Recent webinars:

- ADA National Network Overview (August 8, 2017)
- Responding to Elder Abuse: Resource for Information and Referral Programs (June 29, 2017, in partnership with AIRS and n4a)
- Helping People Access Home and Community Based Services: Migrating, Coding, Storing, and Searching for Data in MinnesotaHelp.info (February 15, 2017)
- Coming soon!
  - Public-Private Partnerships at Work (September 19, 2017)

2015 National Survey of I&R/A Specialists in Aging and Disability Networks:

- Developed and administered by NASUAD in partnership with the National Council on Independent Living (NCIL)
- Designed to reflect the changing landscape of aging and disability I&R/A programs
- Captured trends and developments, challenges and opportunities, and promising practices from the perspectives of state agencies, AAAs, ADRCs, CILs, nonprofit human service organizations, and national organizations
Overarching Themes from the 2015 Survey

- Funding and sustainability are significant concerns among aging and disability I&R/A agencies.
- Partnerships and networks continue to evolve to serve both older adults and individuals with disabilities.
- A changing environment and expanding roles provide new opportunities and challenges for I&R/A agencies.
- Quality matters for effective I&R/A service delivery.
- The use of technology in I&R/A service delivery has increased, but there remains room for growth.
Technology has long been a key underpinning for many I&R/A programs, from telephone systems to resource databases.

More recently, technology is rapidly evolving in ways that create both opportunities and challenges for I&R/A programs.

Technology is transforming how Americans seek information.

Technology also has the potential to enhance the administration of I&R/A programs.

And technology is important for effective business development!

The I&R Center is looking at the use of technology in I&R/A programs and seeking to identify and share promising practices.
I&R/A Survey Highlights: I&R service delivery modalities

Settings for I&R/A Provision

- **Telephone**: Frequently
- **I&R/A Service Site**: Some of the time
- **Email**: Rarely
- **Client’s home or location chosen by client**: Never
- **Online chat**: Frequently
- **Text message**: Frequently

(N=341)
Research Database Sharing: With which other entities does your organization shares its resource database?

- State Agency: 30% (N=291)
- Area Agency on Aging: 30% (N=291)
- None: 20% (N=291)
- The public: 15% (N=291)
- Other: 10% (N=291)
- Center for Independent Living (CIL): 5% (N=291)
- Local Human Service Organization: 5% (N=291)
- 211: 5% (N=291)
- Hospitals: 3% (N=291)
- Managed Care Organizations: 3% (N=291)
- Transportation Agency: 3% (N=291)
- Public Housing Authority: 3% (N=291)
To learn about innovative and promising practices, the I&R Center held a *Technology in Practice* contest. Results were announced April 5, 2017.

- **Resources for Seniors**, an ADRC in Wake County, NC, was selected for the first place award for its innovative partnership with the NC State University Department of Computer Engineering that enabled the organization to cost-effectively design a mobile responsive website and provide better access to resource information in its database, including through a personal cart system.

- The **University of Massachusetts Medical School**, serving the state of Massachusetts, was selected for the second place award for the MassOptions program – an online and helpline service to provide simplified access to LTSS. Strong partnerships and investment in technology solutions have produced an innovative technological resource and state-of-the-art website.

- The **Eldercare Locator** administered by n4a was selected for the third place award for its commitment to information technology and analytics. The Eldercare Locator created a staff position dedicated to IT solutions, support, data analytics, and the coordination of resource information.
More promising practices

Through the contest, we learned about additional promising practices using technology in aging and disability services. For example:

■ The Coastal Regional Commission of GA Area Agency on Aging worked with the state agency to establish an Assistive Technology Lab for older adults. Partnered with CILs and the state AT program (Tools for Life) to develop and test the program.

■ The North Dakota DHS Aging Services piloted the use of Dragon dictation software for APS workers to increase documentation speed and reduce caseload backlog. Rolled out after success of pilot. Cost per worker: $170.

■ The West Virginia Council on Aging, Inc., provided iPads to its nurses and case managers to take into the field to complete assessments. Partnered with the WV Bureau of Senior Services on developing electronic forms and crafting policies for the use of technology. Allows greater access to information while out in the field and easier transmission of client data.
Resources for Aging and Disability Programs
Disability Network Business Acumen Resource Center

Goals:

- Build the capacity of disability community organizations to contract with integrated care and other health sector entities
- Improve the ability of disability networks to act as active stakeholders in the development and implementation of integrated systems within their state

Disability Network Business Acumen Resource Center Activities:

- Webinars
- Training and Technical Assistance
- Development of a Learning Collaborative
- Sharing of Promising Practices
- Attention on Areas of Needed Improvement
- Sharing of Perspectives and Needs across Stakeholders

Participate in Monthly Webinar Opportunities!
Fourth Wednesday of Each Month, 12:30 p.m. – 1:30 p.m. (EST)

Managed Long-Term Services and Supports

MLTSS Institute

A collaboration between NASUAD members and national Medicaid health plans to:

• Drive improvements in key MLTSS policy issues,
• Facilitate sharing and learning among states, and
• Provide direct and intensive technical assistance to states and health plans.

See our new report!

_Demonstrating the Value of MLTSS Programs_
Medicaid LTSS Developments

Updated Monthly

Focuses on the status of the following state actions:

- Managed LTSS
- Duals Demonstrations
- Medicare-Medicaid Coordination Initiatives
- Balancing Incentive Program (BIP)
- Medicaid State Plan Amendments under 1915(i)
- Community First Choice Option under 1915(k)
- Medicaid Health Homes
Friday Updates Newsletter

• Free weekly e-newsletter

• National, federal and state updates on a broad range of topics pertaining to aging and disability policy and services

• Over 9,000 recipients!
HCBS.org is the premier clearinghouse promoting the development and expansion of home and community-based services by gathering resources and tools for research, policy making and program development into a one-stop online library.

Welcome to the HCBS Clearinghouse

Default is for ALL words you enter. If you want ANY of the words, place an OR between each of your terms. For exact phrase “put quotes around search terms”

Search Terms

Quick search
Resources for MIPPA Outreach

I’m working again, but I still can’t afford my MEDICARE COSTS…
Is there any HELP out there for me?

YES! If you are a working person with a disability under 65 and on Medicare, the Qualified Disabled Working Individuals Program (QDWI) may help you!

QDWI is a Medicare Savings Program that may help pay some Medicare costs for low-income working individuals with a disability.
If you are single with a monthly income of about $4,000 (or married with a combined monthly income of about $5,300), this program may help you.*

FOR ASSISTANCE, CALL:

*Income limits vary by state.

Get HELP with your MEDICARE COSTS!

A Medicare Savings Program may help with some of your Medicare costs.

FOR ASSISTANCE, CALL:
Got an Hour? Give it Back

NASUAD, through the Aging Network Volunteer Collaborative, has launched the Got an Hour? Campaign to bring more volunteers into the aging network. The site, GivelItBacktoSeniors.org offers materials to advertise the campaign, search tool for prospective volunteers to find your opportunities, and a chance to share volunteer experiences.

Read More
New Infographic on Oral Health!

**WHO IS IMPACTED?**

- **Older Adults**
  - More than 2 out of 3 lack coverage for dental benefits
  - Low-Income Older Adults... Over ONE HALF did NOT have a DENTAL VISIT in the past year
  - People with Disabilities...

- **FORGO DENTAL TREATMENT DUE TO COST**
  - Nearly 3 TIMES MORE than people without disabilities

- **UNMET NEED**
  - DENTAL CARE is one of the HIGHEST UNMET NEEDS as reported by Information and Referral specialists

**WHAT HAPPENS AS A RESULT?**

- **Gum Disease Occurs In...**
  - 70% of older adults
  - 80% of adults with disabilities

- **Periodontal Disease is Associated With...**
  - Diabetes + Stroke
  - Cardiovascular Disease
  - Adverse Pregnancy Outcomes

- **EMERGENCY ROOM VISITS**
  - Over a 3 year period, $2.7 billion were spent in dental-related hospital emergency department visits in the United States

- **Tooth Loss**
  - More than 1/3 of adults 65 years or older have lost all of their teeth

**WHY DOES THIS HAPPEN?**

- **No Dental Care Coverage in Medicare**
  - 4 out of 5 uninsured seniors cannot pay for a major dental procedure

- **Barriers to Dental Care**
  - For Persons with Disabilities...

- **Limited Access to Providers**
  - 33 MILLION PEOPLE live where dentists and clinics are scarce

- **Only 20% of Dentists Nationwide Accept Medicaid**

**WHERE DO WE GO FROM HERE?**

- **Increase Coverage**
  - ADDING a DENTAL BENEFIT under Medicare would INCREASE AFFORDABILITY and ACCESS to dental benefits for older adults and persons with disabilities

- **Increase Access**
  - Integrate ORAL HEALTH into Person-Centered HEALTHCARE
  - Increase ORAL HEALTH WORKFORCE

- **Innovation**
  - TEDENTISTRY and other INNOVATIONS offer opportunities to meet the needs of older adults and people with disabilities

- **Awareness**
  - EDUCATE STAKEHOLDERS ABOUT ORAL HEALTH NEEDS

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Enjoy the Conference!
And download the HCBS app…

DOWNLOAD THE 2017 HCBS APP!
Search for **HCBS Conference**
in the Apple Store or Google Play

Log-in with the email address you used to register

Your password has been emailed to you

for password assistance, visit the App Help Booth

Complimentary Conference Wifi

Network Name: Marriott_CONF
Password: MERCER
FOR MORE INFORMATION

Nanette Relave, I&R Support Center Director
nrelave@nasuad.org
202-898-2578
Integration of Information and Referral Services
MassOptions Case Study

Presented by:
Martin Baker, MSc

August 28, 2017
Agenda

- Introduction & Background
- Technology Platform
  - Website
  - Customer Service Center
  - Customer Relationship Management (CRM) & Knowledge Management System (KMS)
- Customer-Focused Approach
- Staffing & Training
- Results
- Outcomes & Lessons Learned

- Reporting & Analytics
- Referral Exchange Portal
- Closed Loop Process
• Launched in 2015 with Balancing Incentive Program (BIP) grant funding from CMS

• Collaboration among the Massachusetts Executive Office of Elder Affairs (EOEA), UMass Medical School, and UHealthSolutions

• **MassOptions** is a free online and helpline service to simplify access to LTSS for the elderly, individuals with disabilities, and their caregivers in Massachusetts
• **Goal:** to create one centralized and innovative technological resource to connect individuals to multiple services and create a closed loop process

• **Features:**
  – Customer service contact center
  – State-of-the-art website
  – Self-service referral
  – Online chat support
  – Search functionality
  – Ability to submit questions and feedback
  – Fully-translated Spanish site
MassOptions Announcement
Public: Public Collaboration

UMass Medical School
- Commonwealth Medicine
- UHealth Solutions, Inc.
- New England Index
- MassAHEC

EOEA
- Direction & Oversight
- Content expertise
- I&R/A Process Expertise
- Funding
UMass Multidisciplinary Team

UMass Medical School
- Content expertise
- Project management and oversight
- Information services configuration
- Customer satisfaction surveys
- Reporting and analytics

UHealthSolutions
- Customer service contact center
- Business process solutions support

New England INDEX
- Website design and directory development
- Accessibility compliance
- Online referral process
- Learning management system

MassAHEC
- Cultural sensitivity training
Features & Benefits

- Centralized, non-disruptive intake services
- 8:00AM-8:00PM, 7-Day’s
- Resolution vs. call length
- Warm Handoff
- Reporting and analytics
- Integrated CRM
- Consumer-driven, multi-channel communications
Technology Platform

Multi-Channel Communications
- Toll Free Phone
- LTSS Website
  - Email
  - Chat
  - Consumer Accounts

Customer Service Center
- Unified CRM
- Robust knowledge management system
- Massachusetts-based 24 x 7 facility
- Integrated Provider Directory

Data Infrastructure Platform
- Secure Data Center
- Medicare Integration
- Reporting Analytics Powered by TrendFinder™
- ADRC & State Agency
  - Secure portal
Integrated Solution

- Website
- Customer Service Center
- CRM & KMS
- Reporting & Analytics
- Referral Exchange Portal
- Closed Loop Process
Features & Benefits

• Accessible and consumer-focused design
• Customer feedback used throughout development
• Multiple engagement options
• Google analytics routinely monitored (highly ranked)
• Fully-translated Spanish site

www.massoptions.org
Customer Service Center

Routes calls to designated staff based on skill set and priority level

Allows for easy viewing of real-time information about each queue and specialist

Captures and produces data regarding customer contacts across all channels

Integrates with CRM
Referral Exchange Portal

• Referral is sent from CRM to Agency & Disability Resource Centers’ exchange portal

• Referral information is displayed in a secure website

• Agencies login to the portal to access referral information for their organization

• Intake staff take the appropriate actions after reviewing the referral

• Functionality has the ability to monitor that the agency and consumer have successfully connected
CRM & KMS

**CRM platform**
- Customized for MassOptions
- Records and stores details on all contacts and supports robust reporting

**Web-based KMS**
- Includes information on:
  - Policies and procedures
  - Call guides
  - Training materials
  - Key documentation
  - Frequently requested phone numbers
Portal provides one-stop access to program metrics for Customer Service Center, CRM, and website.

Displays metrics on phone calls, emails, chats, referrals, and website visitor traffic and behaviors (100% call recording).

Delivers decision-support information.

Accessible to users at EOEA and MassOptions.
MassOptions Website Statistics for Week

Users Trend

Visit Date

Week Of Visit Date Sessions
2016-05-15 to 2016-05-21 16
2016-05-19 167
2016-05-17 168
2016-05-16 225
2016-05-15 178
2016-05-13 179
2016-05-12 167
2016-05-11 194
2016-05-10 204
2016-05-09 203
2016-05-08 189
2016-05-07 150
2016-05-06 169
2016-05-05 188
2016-05-04 477

How Visitors Arrived at Website

- Entered URL Directly: 22.7%
- Browser Search: 29.3%
- Linked from Other Site: 21.9%
- Social Media: 26.1%

Site Visit and Bounce Statistics

- Sessions: 1,254
- Bounces: 809
- New Users: 982
- Returning Users: 207
- Pageviews: 3,154

Top 10 Most Visited Pages on the Site

Visit Date Page Path Bounces Exits Pageviews
2016-05-14 /massoptions/ 81 94 173
/forms/easyreferralform.aspx 1 2 4
/massoptions/find-community-long-term-supports-and-services/ 3 3 3
/massoptions/contact-us/ 0 1 8
/massoptions/About-MassOptions/frequently-asked-questions/ 0 2 9
/massoptions/find-community-long-term-supports-and-services/bc... 0 1 4
/massoptions/getting-started/ 0 2 6
/massoptions/about-MassOptions/ 0 1 2
/massoptions/find-community-long-term-supports-and-services/bc... 0 1 5
2016-05-13 /massoptions/ 93 109 152
/forms/easyreferralform.aspx 2 7 31
/massoptions/find-community-long-term-supports-and-services/ 2 6 11
/massoptions/contact-us/ 4 5 13
/massoptions/About-MassOptions/frequently-asked-questions/ 1 2 5
/massoptions/find-community-long-term-supports-and-services/bc... 0 2 6
/massoptions/getting-started/ 0 4 8

Locations of Site Visitors

<table>
<thead>
<tr>
<th>Location</th>
<th>Place Name</th>
<th>Users</th>
<th>Sessions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Massachusetts</td>
<td>Boston</td>
<td>222</td>
<td>229</td>
</tr>
<tr>
<td></td>
<td>Worcester</td>
<td>69</td>
<td>131</td>
</tr>
<tr>
<td></td>
<td>Springfield</td>
<td>31</td>
<td>35</td>
</tr>
<tr>
<td></td>
<td>New Bedford</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>Fall River</td>
<td>19</td>
<td>19</td>
</tr>
<tr>
<td></td>
<td>Brockton</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>Quincy</td>
<td>15</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>Holyoke</td>
<td>13</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>Lowell</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>Shrewsbury</td>
<td>12</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>Taunton</td>
<td>11</td>
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<tr>
<td></td>
<td>Framingham</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Malden</td>
<td>9</td>
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<tr>
<td></td>
<td>Marlborough</td>
<td>9</td>
<td>10</td>
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<tr>
<td></td>
<td>Lawrence</td>
<td>8</td>
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</tr>
<tr>
<td></td>
<td>Lynn</td>
<td>8</td>
<td>8</td>
</tr>
</tbody>
</table>

Report updated: 3/19/2016 8:09:31 AM
Closed-Loop Process

• Supports consumer-directed and provider-directed referrals

• Customer service center assists consumers seven days/week, through multiple channels

• Referrals, upon consumer consent, are shared with the referral agency via a secure portal

• An algorithm determines — based on age, demographics, and resource needs — the best referral source for a consumer

• Timely follow-up ensures consumer is connected to agency
Customer-Focused Approach

- Multi-channel portal designed for accessibility and responsiveness
- Resources designed to support customer needs and requests
- Customer service center retains a multilingual team
- Customer surveys and feedback are utilized to make ongoing updates and add additional categories

High-touch approach = strong, positive outcomes
Staffing & Training

• Staffing model included re-assigning existing staff and recruiting/training new employees

• Staff are routinely cross-trained to support multiple programs

• Staff members are AIRS™-certified and receive cultural sensitivity training from Massachusetts AHEC
Results & Outcomes

• The program was leveraged for additional projects:
  – Outreach and referral for Program of All-inclusive Care for the Elderly (PACE) and Senior Care Options (SCO)
  – Outreach to consumers who use PCA services

• Collaboration with EOEA agency leads throughout the process ensured success

• Program was funded for ongoing expansion and consolidation

• Effective I&R services are highly transferrable
## Performance Measurement Activities

<table>
<thead>
<tr>
<th>Category</th>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Center</td>
<td>Quantitative</td>
<td>Performance Analysis</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• service level</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• channel</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• duration</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• time of day</td>
</tr>
<tr>
<td>CRM</td>
<td>Quantitative</td>
<td>Customer Contact Reason</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• reason for the contact</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• % of Calls resolved upon the initial inquiry</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Repeat users of the service</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Ability to meet the consumer need</td>
</tr>
<tr>
<td>Referral Process</td>
<td>Quantitative</td>
<td>Referral analysis</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Agency referral rate</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• type of service</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Agency time to respond,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Self-referral verses assisted referral</td>
</tr>
<tr>
<td>Voice of the Customer</td>
<td>Qualitative</td>
<td>• Closed loop -follow-up call to each consumer to determine if the need</td>
</tr>
<tr>
<td></td>
<td></td>
<td>has been met</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Quarterly in depth interviews with representative selection of consumers</td>
</tr>
<tr>
<td></td>
<td></td>
<td>who used the service</td>
</tr>
</tbody>
</table>
Most customers first heard about **MassOptions** online via search or **Mass.gov**

Customers prefer to look for information on their own before contacting **MassOptions**

**Key strengths:**
- Problem-free calls
- Attentive and knowledgeable staff
- Centralized location for information
- Multiple helpful resources
- Connection to appropriate agencies
Results: Customer Survey Feedback

“She seemed very knowledgeable. … I was very glad I was talking to her.”

“She wanted to make sure she found everything possible to help…She went way above and beyond what most people would do.”

“The pace, the way they talked about things. It didn’t seem like they were just going through a check list. It was more like a conversation…”

“They were willing to listen to anything that I wanted to say.”
Lessons Learned

- Marketing and social media strategy essential to launch and name recognition
- Participation of EOEA critical to success
- Important to have a multidisciplinary team of technical, operational, and programmatic experts
- Community and business partners essential to support multiple components
- Prioritizing durability and scalability allows for future expansion and configuration at minimal expense
Questions?

Contact:

Martin Baker, MSc
Senior Director, Strategic Growth & Business Development
Commonwealth Medicine
University of Massachusetts Medical School
Phone: 508-856-6356
Email: martin.baker@umassmed.edu
DC No Wrong Door System

Enhancing Access to Long-Term Services and Supports
Long-Term Services and Supports (LTSS)

Services and supports people may need in order to live well in the community. For people of all ages who need help with everyday tasks such as personal care, transportation, medical care, meal preparation, to name a few.
Background

- 2014: DC NWD planning process
- **Lead Agency**: DC Department on Disability Services
- **DC Core Partnering agencies**: Dept. Behavioral Health, DC Office on Aging, Dept. Human Services, Dept. Healthcare Finance, Mayor’s Office Veterans Affairs, Deputy Mayor for Health & Human Services
- **Other Key Partners**:
  - Administration for Community Living (ACL)
  - DC Developmental Disabilities Council (DDC)
  - Georgetown University Center for Excellence in Developmental Disabilities (GUCEDD)
  - National Association of State Directors of Developmental Disabilities Services (NASDDDS)
  - Georgetown University’s National Center for Cultural Competence (NCCC)
  - Support Development Associates (SDA)
  - University of Missouri-Kansas City Center for Child and Human Development (UMKC/UCEDD)
Some of the current reported challenges in accessing Long-Term Services and Supports?

- Visit and contact multiple agencies
- Repeat history to multiple agencies
- Not connected with community resources when not eligible for public programs
- Not focused on the individual’s preferences, choices, and options
- Lacking cultural and linguistic competence practices
Vision

The District envisions a coordinated “No Wrong Door” System across partner agencies, which is person/family centered and cultural and linguistic competent, that will support people in need of Long-Term Services and Supports (LTSS), regardless of where they enter the service system.

Mission

To work with District residents in need of LTSS, their families, advocates, government and community partners to design and implement a system that:

- Connects you to services and supports no matter where you start seeking services
- Reduces the challenge (duplication, confusion, length of time) when accessing services and supports
- Links you to both public services and community based supports
- Uses person/family centered planning
- Responsive to your cultural diversity and language needs
- Agencies effectively communicate with each other
DC No Wrong Door System

Current NWD District Agency Partners
- Aging
- Human Services
- Disability Services
- Elderly & People with Disabilities
- Behavioral Health
- Person & Family in need of LTSS

Future NWD District Agency Partners
- Aging
- Disability Services
- Behavioral Health
- Elderly and People with Disabilities
- Human Services
- Education
- Veterans
- Child & Youth
- Person & Family in need of LTSS
No Wrong Door System

NWD Subcommittees

- Cultural and Linguistic Competence
- Person/Family Centered Thinking
- Learning Community Stakeholder Engagement
- Resource Portal (future)

Person/Family Centered Thinking
Learning Community Stakeholder Engagement
Cultural and Linguistic Competence
Resource Portal (future)
Key Activities Accomplished

- Created a DC NWD logo and developed DC Support Link (new name for NWD)
- Studied the process for intake/referral across 5 agencies
- Developed recommendations Intake common process/practices across agency partners
- Trained over 400 people in person-centered thinking (agency staff, providers, nurses, social workers)
- Conducted person-Centered thinking training with families
- Obtained CEUs for certified social workers and registered nurses/LPNs
- Completed assessment of Cultural and Linguistic Competency for intake across partner agencies
- Developed and reached consensus on shared definition for cultural and linguistic competence to be applied across partner agencies
- Completed draft development of Resource Portal
- Delivered over 80 NWD presentations to various stakeholders
- Produced NWD electronic newsletters and distributed over 1,000 recipients across interagency partners
DC No Wrong Door System

Ongoing Activities

• Engage future NWD partners e.g. veterans, education, and child/youth serving entities
• Conduct internal and external NWD marketing campaign to all stakeholders
• Enhance and expand Person/Family-Centered Thinking trainings across agencies
• Train more agency staff, providers, nurses, advocates, social workers in Person-Centered Thinking
• Provide technical assistance to partner agencies to apply a universal intake process across agencies to access LTSS
• Final development of a district wide resource portal
• Share NWD recommendations for the Case Management System to replace three separate agency systems (DDS/DDA, DCOA, DHCF) for unified communication, coordination, and functionality
• Reviewing agency’s organizational structures (policies, structures, and practices) to embed principles of Cultural and Linguistic Competence at the “front door” of a NWD system
• Currently working to develop a CLC reference tool to inform and support agency partners in reframing its Cultural and Linguistic Competence work for a NWD system
• Host an interagency “Front Door” summit for intake staff across five District health and human service agencies
• Embed LifeCourse principles within the DC NWD system
• Developing Sustainability Plan for DC NWD system beyond grant life
DC No Wrong Door: Resource Portal and Clinical Case Management System (CCMS)

- **NWD Resource Portal**: An accessible, user-friendly website that enables people to search, identify, and connect to Long-Term Supports and Services (LTSS) that are community based and through formal service system.

- **Clinical Case Management System**: DHCF, DDS, and DCOA require a new CCMS to replace their three separate legacy systems, and provide unified communication, coordination, and functionality.
DC WORKING TOGETHER!

- People in need of LTSS
- Family Members
- Provider Coalitions DC
- Self-Advocacy Groups
- Advocate
- Long Term Care Coalition
- Supporting Families CoP
- NWD partner agency staff
- Family Support Groups
- Hospital & Primary Care Associations
- Independent Living Centers
- NWD States
- Faith-Based
- ALL!
THANK YOU!!

For more information contact the DC NWD Team:

Erin Leveton, Project Director – erin.leveton@dc.gov
Mark Agosto, Program Manager – mark.agosto@dc.gov
Robin Barnes, Business Analyst – robin.barnes@dc.gov
Donald Clark, Program Development Specialist – donald.clark@dc.gov
Vivian Guerra, Program Development Specialist – vivian.guerra2@dc.gov
Emily Price, Program Development Specialist – emily.price@dc.gov
The Eldercare Locator
National Call Center

Connecting You to Community Services

National Association of Area Agencies on Aging
The National Aging Service Network

622 Area Agencies on Aging, 256 Title VI Native American Aging Programs

National Association of Area Agencies on Aging
1-800-677-1116
www.eldercare.gov
2016 Call Statistics

Total Calls – 308,637

Emails – 3,222

Chats - 1,922
Caller Demographics

- 73% Females
- 72% Older adults seeking services
- 12% Under 60 years of age
- **Learned of Services (Top 5):**
  - 60% Federal, state or local government (Social Security, Medicare, FEMA, VA, HUD, & State Medicaid office)
  - 12% Partner/professional organizations
  - 10% Internet Search
  - 7% Insurance providers
  - 3% Newspaper, Radio, TV, & Social Media
- **Most Referred Source:** Area Agencies on Aging
Key Findings from the 2016 Eldercare Locator Report on Consumer Needs

- Transportation assistance and home & community based support were the most requested service needs that comprised 43% of all calls into the Eldercare Locator.

- Over 22,000 calls were handled as complex or crisis contacts.

- The number of calls to report suspected elder abuse has increased with over 7,000 calls received during 2016.
Key Findings from the Eldercare Locator Data Report

<table>
<thead>
<tr>
<th>Who is Contacting the Eldercare Locator?</th>
</tr>
</thead>
<tbody>
<tr>
<td>73% Women</td>
</tr>
<tr>
<td>72% Older adults seeking services for themselves</td>
</tr>
<tr>
<td>28% Seeking services for others</td>
</tr>
<tr>
<td>22% Family members</td>
</tr>
<tr>
<td>3% Neighbors or friends</td>
</tr>
<tr>
<td>3% Professionals</td>
</tr>
<tr>
<td>7% Under 60</td>
</tr>
<tr>
<td>4% Adults speaking Spanish as their first language</td>
</tr>
</tbody>
</table>
### Key Findings from the Eldercare Locator Data Report

#### 2016 - How Did They Hear About The Eldercare Locator?

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>60%</td>
<td>Federal, State or Local Government Referral</td>
</tr>
<tr>
<td></td>
<td>(31%) Direct Referral (Social Security, Medicare, FEMA, VA, HUD, State Medicaid office, Other government agency/program)</td>
</tr>
<tr>
<td></td>
<td>(29%) Mailing that includes contact information (Social Security)</td>
</tr>
<tr>
<td>12%</td>
<td>Partner/other Professional Organizations</td>
</tr>
<tr>
<td>10%</td>
<td>Found the Locator through an Internet Search</td>
</tr>
<tr>
<td>7%</td>
<td>Insurance Provider</td>
</tr>
<tr>
<td>4%</td>
<td>Employer/Family/Friend</td>
</tr>
<tr>
<td>3%</td>
<td>Newspaper, Radio, TV, Social Media</td>
</tr>
<tr>
<td>2%</td>
<td>Health Care Professional</td>
</tr>
<tr>
<td>2%</td>
<td>Telephone Directory/Phone Book</td>
</tr>
</tbody>
</table>
## Key Findings from the Eldercare Locator Data Report

### 2016 Who is the Eldercare Locator connecting to?

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>64%</td>
<td>Local Area Agencies On Aging</td>
</tr>
<tr>
<td>20%</td>
<td>Government Agencies (Social Security, Medicare, Veterans Affairs, State Medicaid Office)</td>
</tr>
<tr>
<td>16%</td>
<td>Other Resources (State Health Insurance Assistance Programs, Aging and Disability Resource Centers, Insurance Providers, Adult Protective Services, National Nonprofits)</td>
</tr>
</tbody>
</table>
# Key Findings from the Eldercare Locator Data Report

## Enhanced Services Calls

<table>
<thead>
<tr>
<th>Enhanced Services Calls</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caregiver Resources</td>
<td>8,787</td>
</tr>
<tr>
<td>Elder Abuse</td>
<td>7,031</td>
</tr>
<tr>
<td>Long-Term Care and Supports</td>
<td>6,054</td>
</tr>
<tr>
<td>Crisis Calls</td>
<td>269</td>
</tr>
<tr>
<td><strong>Total Calls</strong></td>
<td>22,141</td>
</tr>
</tbody>
</table>
## Major Taxonomy Categories

<table>
<thead>
<tr>
<th>Taxonomy Categories</th>
<th>Taxonomy Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing Options and Services</td>
<td>Nutrition Services</td>
</tr>
<tr>
<td>Long Term Support and Services</td>
<td>Health and Wellness Programs</td>
</tr>
<tr>
<td>Medical Care</td>
<td>Financial Assistance</td>
</tr>
<tr>
<td>Medical Supplies</td>
<td>Legal Services</td>
</tr>
<tr>
<td>Employment</td>
<td>Health Insurance</td>
</tr>
</tbody>
</table>
2016 Home for the Holidays Campaign

National Association of Area Agencies on Aging
Eldercare Locator Resource Center Store

National Association of Area Agencies on Aging
Eldercare Locator Resources

- Link to our website
- Use widgets
- Connect to us on Facebook
- Download factsheets
- Distribute brochures
- Access toolkits
- Promote the toll free number
- Use media pieces
The Eldercare Locator
National Call Center

1-800-677-1116
www.eldercare.gov
The Eldercare Locator
National Call Center
2016 Call Statistics

Total Calls – 308,637

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The Future is Here!
“Roughly two-thirds of those age 65 and older go online and a record share now own smartphones – although many seniors remain relatively divorced from digital life”

Pew Research Center, May 2017, “Tech Adoption Climbs Among Older Adults”
Our Internal Slogan…

Person Connected & Data Driven
Person Connected

• Addressing major service needs and challenges
• Responding to communication preferences
• Understanding and applying the principles of I&R/A
Data Driven

- Providing data analysis beyond a shelved report
- Telling your story with data
- Seeking innovative technology solutions to address challenges
- Ensuring high quality and trusted resource information
IT and Resource Center

As a Program Coordinator of IT and Reporting Analytics, my main responsibilities are to:

- Improve and streamline existing processes related to data flow and improve data accuracy.
- Configure, summarize and consolidate systems and database.
- Analyze reports by extracting information and summarizing key findings.
- Manage the Database Update process of all call center resources & website update. Major updates helps to ensure all agencies information are up to date at the national, state or local level serving older adults
- Coordinate the resource center by tracking and fulfilling brochure orders, and monitoring staff activities.
Resource center Staffing Structure

**Senior Enhanced Service Specialist** – Responsible for the update of the Eldercare.gov website and handle requests for updates, manages bi-annual update of AAA and SUA agencies, as well as local service providers (LSP) and supplemental service providers (SSP), manages routine quarterly update of the Adult Protective Service (APS) information on Eldercare.gov, assist in managing the Resource Center. As Senior Enhanced Service Specialist, assist and handle escalated calls and crisis calls.

**Program Coordinator, Information Technology and Analytics** - Responsible in managing day-to-day functions of the Resource Center, as well as all aspects of the Resource Center- from creating reports that match the need of the Resource Center, provide direct supervision of resource updating from the Eldercare.gov website to all analytics tools, manage the resource center store order and fulfillment, provide IT technical assistance to all staff and all call center systems. Also handles escalated and crisis calls when needed.

**Seasonal Support Staff** - to meet the database update goals, a temporary support staff is contracted to help assist the Resource Center with all database updating tasks of the Eldercare.gov.
Call Center IT Systems

Reporting Systems:

- Telephone Systems
- Client Tracking system
- Quality Monitoring system
- Resource Center Online Store
Eldercare Locator Database Update

Business Name and Address Information

Business/Firm Name:
Director:
Address 1:
Address 2:
City:
State: PA
Zip Code:

Coverage

AAA Coverage:

Counties Covered
- Bond
- Clinton
- Madison
- Monroe
- Randolph
- Saint Clair
- Washington

Contact Information

Office Phone Number:
Information Phone Number:
Fax Number:
Email Address:
Internet Address:
National Phone Number (Toll-free):
State Phone Number (Toll-free):
Regional Phone Number (Toll-free):
TTY Phone Number:
Eldercare Locator Database Update

Virginia Department for the Aging

Address: 1610 Forest Avenue, Suite 100
City: Richmond
State: VA
Zip: 23229
Website: http://www.vda.virginia.gov/
Contact Email: aging@vda.virginia.gov
Office Phone: (804) 662-9333
Information Phone: (804) 662-9333
National Toll Free Phone: (800) 552-3402
State Phone: (800) 552-3402
Languages: English
Description: Information, counseling, and referral on aging and long-term care issues for older Virginians and their families.
Hours: 8:30 AM - 5:00 PM - Eastern Time
Directions: Call or email for driving directions. View on map

New Jersey EASE Aging and Disability Resource Center

Address: 101 South Shore Road
City: Northfield
State: NJ
Zip: 08225
Website: http://www.adlink.org/intergenerational/
National Toll Free Phone: (888) 426-9243
Languages: English
Description: A resource where the elderly, people with disabilities, their caregivers and professionals can go to get information about long term options that help people stay at home.
Directions: View on map

National Association of Area Agencies on Aging
The Eldercare Locator
National Call Center

1-800-677-1116
www.eldercare.gov
Three Key Things to Know Before You Start Project Partnerships

1. “Why” are you doing the partnership?
2. “How” will this partnership benefits both parties?
3. “What” are the results you need from the partnership?

Remember: this project isn’t about what you “want” but first and foremost about “why” you need it.

RFS Steps to a Successful Partnership

Preparation is Key to a Successful Project

1. When considering a collaboration with a college or university do your homework.
   a. Know what you need to accomplish through the partnership.
   b. Write a succinct synopsis of the project.
   c. Place the synopsis in the body of the email, not as an attachment. An email with an attachment may be sent to junk mail folder.
   d. Know a least 3 benefits the students, professor and college will gain from the project.
      (real world work experience, working with a team, actual resume experience)
   e. Do research on the school and the department you want to work with on your project.
2. Do project research. Be well prepared for their questions.

Be a Part of the Process

1. Be willing to attend class presentations made by the team to the professor and class, the final class presentation. Make the team feel you are a part of the project process.
2. Communicate with the team throughout the project. This insures you get what you need.
3. Beta test the project. Whether its software, marketing, social media, communications or any other programs the school offers, make sure it works before it’s launched.
   a. Test using clients, volunteers, and staff. Depending on the type of project pick people who can provide useful input.
   b. Use suggestions to refine your final product.
      i. This will help eliminated problems, bugs, errors and etc.
      ii. You may even get suggestions about the project you haven’t thought of.
   c. Test again after corrections have been made. Use a different test group if possible.
4. Launch your project to the world.

Follow-up

1. Thank you letter to students and professor.
2. Consider making a donation to the department’s foundation.
3. Do press releases to news outlets regarding your successful partnership.
4. Announce on social media, write a blog about the project and give credit where credit is due.
RFS WEBSITE QUESTIONNAIRE

Have you visited Resources for Seniors website before?
☐ Yes  ☐ No

What type of device did you do your testing on?
☐ Desktop  ☐ Laptop  ☐ Tablet  ☐ Smartphone

What do you think the purpose of this site is?
☐ Selling  ☐ Information  ☐ Entertainment

Who do you think the intended audience is? What age group?

Could you find what you were looking for?
Was everything there you expected to find or was there something you thought you could find but didn’t?

Was it easy to get back to the home page from other pages you were on?

Was there something missing you were expecting to see?
☐ More text  ☐ more images,  ☐ a FAQ, a question answered

Could you tell what the page was about?

Was anything too prominent or large on the page?

Was the “Find Wake County Resources” directory easy to use and navigate?

Easy to read (both font style and size)?
Was the font size too large or small? Was the chosen font difficult to read or in a color that made the text not as readable as it could have been?
How did you find the layout of the site? Was everything organized well and set out as expected?
☐ Well organized  ☐ As expected  ☐ Disorganized

Did you notice… (Calendars, news and events signup, search box… etc.)
☐ Yes  ☐ No

If yes, explain

__________________________________________________________

__________________________________________________________

What would encourage you to return to RFS’s Website in the future?

__________________________________________________________

Name your three favorite things about the site, and your three least favorite

Favorite things:

1. _______________________________________________________

2. _______________________________________________________

3. _______________________________________________________

Least favorite

1. _______________________________________________________

2. _______________________________________________________

3. _______________________________________________________

If you could change one thing on the site, whether it is major or minor, what would be at the top of the to-do-list?

__________________________________________________________

__________________________________________________________